



REQUEST FOR MAMMOGRAPHY CERTIFICATION TERMINATION

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

RADIATION SAFETY LICENSING BRANCH (RSLB)

P.O. Box 149347

Austin, Texas 78714-9347

Before the Certification of Mammography Systems can be terminated, the following information must be submitted along with any outstanding fees. This form may be mailed to the address above or faxed to (512) 834-6716. For further questions, contact RSLB-Registration at (512) 834-6688 ext 2225.

I request termination of the Mammography Certification for the following facility:

Mammography Certification Number: M Accredited by: ☐ STX ☐ ACR

Facility Name: _____

Address: _____

Telephone Number: _____

Disposition of Mammography Unit:

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable Date: _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____

(Continue on page 2 for additional equipment)

Storage Location of Medical Records - Mammograms must be stored for ten years. If Custodian of mammograms or storage location changes, you must notify this Agency.

Contact Name of Custodian for Mammograms: _____

Telephone number including area code: _____

Address of storage location: _____

SIGNATURE of the applicant or person duly authorized to act on behalf of applicant:

(Example: President, Registered Agent, CEO, CFO, Partner, Owner)

SIGNATURE _____ TITLE _____ DATE _____

PRINTED NAME _____ TITLE _____ DATE _____

ADDITIONAL EQUIPMENT INFORMATION

Mammography Certification #: M

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable **Date:** _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable **Date:** _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable **Date:** _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable **Date:** _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____

Mammography Unit: ☐ Transferred ☐ Stored ☐ Disposed ☐ Inoperable **Date:** _____

Manufacturer _____ Model Name _____

Serial Number: _____

Transferred/Disposed to: _____

Address: _____